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1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Chile

The Executive Director recommends that the Executive Board approve the country programme of Chile for the period 1991 to 1995 in the amount of $3,750,000 from general resources, subject to the availability of funds, and $3,200,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

READEX FICHE

THE SITUATION OF CHILDREN AND WOMEN

1. The democratically elected Government, which took office in Chile in March 1990, proposes to maintain an open economy, enhance exports, stimulate both national and foreign private investments and improve the living conditions of a large number of Chileans who have yet to benefit from the country's favourable economic trends.

2. In a message to the National Congress in May 1990, President Patricio Aylwin indicated that:

> "Over the past years, Chile has experienced growth and has seen important modernizations in a number of different sectors of activity. However, this positive situation coexists with very deep inequalities. If these inequalities are maintained without rapid and effective progress being made to overcome them, we run the risk of consolidating two different and antagonistic countries: one, the Chile of those who have access to modern developments and the fruits of growth; and the other, the country of those who are marginalized, socially excluded from modern life, and who find themselves transformed into a burden on society. We cannot make progress towards development if we do not at the same time make progress in the sphere of social justice. To make progress towards greater social justice means investing in people, in human capital".

3. The major objectives of the Government for the period 1990-1994 include: (a) achievement of full respect for basic human rights; (b) the democratization of public institutions; (c) the promotion of social justice by redressing the inequities affecting large numbers of Chileans; (d) encouragement of economic growth and the development and modernization of the country; (e) and regaining for Chile the place it once occupied within the international community.

4. According to a study published in October 1990, 38 per cent of Chilean families were living below the poverty line at the end of 1987. In real terms, this means that in 1987 there were 5 million people, or 44 per cent of the population, living in conditions of poverty, of whom almost 2 million were children under 15 years old. An analysis of the geographical distribution of this population group highlights the differences in the manifestations of poverty in urban and rural areas, and between the different regions of the country. One region north of Santiago, the capital, and three regions to the south, have the highest percentages of people living in poverty. Data on income distribution show a widening gap between rich and poor.

5. Chile has been successful in reducing its infant mortality rate to 20 per 1,000 live births. As the President of the Republic pointed out in his speech to the World Summit for Children: "It is possible to tackle this problem, even with limited resources. What one needs is political will and an efficient organization of the health and social services".

6. Chile has achieved the 1990 target for universal child immunization (UCI), but sustained efforts are still needed to eliminate pockets of low coverage in some areas of the country, including parts of metropolitan Santiago.

7. There has been no improvement in the national average rate of child malnutrition over the past five years despite government efforts to address this problem through primary health care (PHC) programmes. In some of the poorest areas of the country, the level of child malnutrition is well above the national average of 9 per cent, for example, in the districts of General Lagos (35 per cent), Rio Hurtado (22 per cent), Colchane (21 per cent), Alto de Carmen (21 per cent), San Pedro (16 per cent), Punitaqui (16 per cent) and Machali (15 per cent). It should be noted that the above-mentioned data include mild forms of protein-energy malnutrition.

8. Given its achievements in the sphere of child survival, Chile is now emphasizing child development and is seeking to enhance the access of young children to the integrated services they need for growth and socialization. In contrast to the improvements in indicators for child morbidity and nutrition over the past 20 years, little progress has been made in reducing childhood disability, and problems of psycho-motor development persist among children under the age of six years.

9. The sustained economic hardship suffered by the poor has accounted for the increased numbers of children in the labour market, especially those employed in the informal sector where they have no legal protection. There is evidence of increasing drug consumption and child prostitution, and the situation of street children and young offenders is a serious problem. It is estimated that, in 1988, around 200,000 children between the ages of 6 to 13 years were out of school, either because they had dropped out of the system, or because they had never had access to primary school. Some 50,000 children are currently receiving care through the protection and rehabilitation system of the National Service for Minors.

10. In past decades, Chile made impressive strides in education. The system expanded considerably and was known throughout Latin America for its quality. However, those efforts have declined over recent years, and today only one quarter of the children under five years of age have access to pre-school education. Primary education has stagnated and access to primary school is denied to many children. In 1970, expenditures in the education sector accounted for 4 per cent of the gross national product, while in 1988, this figure had been reduced to 3 per cent.

11. Despite the progress made over the years, Chilean women have lost ground and many now live in poverty. Women head 18 per cent of the poorest homes in Chile. The number of children born to single women has increased and their children are deprived of the benefits of children born to legally married couples. One child in seven born in Chile today is born to an adolescent mother.

12. While Santiago faces the most severe environmental problems as a result of pollution, there are worrying symptoms of environmental deterioration, which may be irreversible, in all regions of the country. Recent studies have identified at least 700 environmental problems in the country resulting from the lack of a sustainable environmental policy.

PROGRAMME COOPERATION, 1989-1990

13. UNICEF cooperation in the last two years was against the back-drop of complex political and institutional transition, marked by the plebiscite of 1988, the elections that followed in December 1989 and the investiture of a democratic Government in March 1990. During this period, UNICEF participated in government debates leading to the definition of new social policies.

14. UNICEF promoted the following three lines of action that focused on community- and family-based services: (a) the collection, analysis and publication of information on the living conditions of children and women; (b) the development of social policies for children and women; (c) and support for innovative programmes that have the potential for application on a national scale.

15. Many surveys and studies, undertaken within the framework of the situation analysis of children and women in Chile, have also provided important data on socio-economic disparities, the capacity of the public health delivery system, the coverage and quality of care for young children and problems of children in especially difficult circumstances. These studies have also led to the development of criteria for identifying women and children at risk, developing indicators of socio-economic disparities and determining their effects on the quality of life of children and women. The effects of cultural deprivation, the impact of poverty on the family and the process of education and socialization of Chilean children have also been studied. For two consecutive years, UNICEF has published a document entitled "Children and women: priority for social development", which has been used extensively by the new Government as a basis for designing social policies. The favourable political and social context has favoured the mobilization of political institutions and organizations to promote the interest of children.

16. UNICEF has contributed to strengthening the technical and operational capacity of governmental and non-governmental agencies to develop and implement non-formal, child-care services and to generate support for the poorest women and their families.

Lessons learned

17. In the last two years, UNICEF has learned that, in periods of political transition, strategic alliances are vital if the issue of children's and women's unmet needs are to figure on the agenda for public debate. Advocacy and information-sharing with various partners have been fundamental to the achievement of this aim. This process reaffirms the idea that an ongoing

analysis of the situation of children and women generates reliable information for promoting their interests with several audiences and contributes to the credibility of and confidence in UNICEF.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $3 750 000
Supplementary funds: $3 200 000

Recommended programme cooperation a/
(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Policy development and social statistics	795	-	795
Child development	820	-	820
Family health and welfare	340	360	700
Children in especially difficult circumstances	170	500	670
Children and the environment	160	-	160
Area-based services	160	2 340	2 500
Advocacy and communication	765	-	765
Programme support	540	-	540
Total	3 750	3 200	6 950

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Government policy

18. The Government of Chile has decided that a comprehensive social policy must be a pillar of its development strategy. The importance of meeting the basic needs of the population is being stressed as a critical factor in national development and as an essential element of the democratic process.

This approach stresses the need to ensure economic growth while protecting the vulnerable and sustaining social development. Changes in legislation relating to local authorities are being promoted, and the Government plans to implement legal provisions for safeguarding the rights of groups facing discrimination, such as women, the aged, young people and ethnic minorities. Popular participation in decision-making is also being emphasized, and efforts are being made to delegate authority and responsibility for the implementation of social programmes to the local level. Local government structures are being strengthened to enable them to play their vital role in social development.

19. The subject of the rights of the child continues to be of particular concern to the Government, as well as to a large number of non-governmental organizations (NGOs). Ratification of the Convention on the Rights of the Child by the Government of Chile provides the context for extending and strengthening activities to promote the interest of the children. The new programme of cooperation will give wide publicity to the contents of the Convention and will seek effective ways of making children's voices heard on issues affecting them. Members of Parliament, religious groups, NGOs, educators and the communications media will be important allies in this undertaking. The participation of the President in the World Summit for Children, and his statement there, indicate the serious commitment of the Government to the survival, protection and development of Chilean children.

20. The Government is aware that the achievement of many goals defined in the new programme of cooperation will take longer than the current programming cycle. However, these targets and objectives have been included as programming guides for the short, medium and long term.

21. The strategies identified to achieve the proposed objectives are: (a) the reduction of regional and local socio-economic disparities; (b) the strengthening and development of the technical and managerial capacities of governmental and non-governmental institutions; (c) advocacy, social mobilization and communication for development; (d) the decentralization and democratization of political and administrative structures; (e) the implementation on a national scale of successful demonstration projects to benefit poor women and children; and (f) the strengthening of collaboration with United Nations agencies and other bodies in the design and development of social policies.

22. The components of the country programme of cooperation are: (a) policy development and social statistics; (b) social development and going to scale, which include activities linked to child development, family health, children in especially difficult circumstances and the protection of the environment; (c) advocacy, social mobilization and communication for development; and (d) local and regional social development.

Policy development and social statistics

23. UNICEF will support the Ministry of Planning and Cooperation and the Interministerial Economic and Social Committee in developing social policies that promote human development and improve the lives of children and women. The project will be implemented in collaboration with other United Nations agencies, research centres and NGOs. It covers the following activities: (a) information gathering on poverty in Chile, particularly on the conditions of children and women and on the structures for the delivery of social services; (b) training for government and NGO staff responsible for implementing social development programmes; and (c) evaluation to determine the impact of selected social programmes. UNICEF will also facilitate the exchange of information on positive experiences with other countries in the region.

Child development

24. The project is intended to increase the availability of child-care services, with an emphasis on finding appropriate non-formal alternatives that will lead to the implementation of the government policy on the care of pre-school children. UNICEF cooperation will focus on training and empowering parents and other adults who provide care and basic education for children at the community level. The staff of day-care centres will also be trained and child development materials will be made available through the National Board of Child-Care Centres and the National Foundation for Community Support.

Family health and welfare

25. The family health and welfare programme will promote family health through preventive approaches and by educating family and community members on the physical and mental health of children, women and the family. A project entitled "educational communication in looking after one's own health", to be carried out by the Ministry of Health, will be the cornerstone of the family health and welfare programme. The Ministry of Health, in conjunction with the University of Chile and the National Service for Women, will also implement a complementary programme designed to reduce the incidence of adolescent pregnancies. UNICEF will support knowledge, attitude and practice studies, the results of which will be used in programme design, for producing educational materials and for training personnel at both the institutional and the community levels.

Children in especially difficult circumstances

26. The promotion of respect for children's rights and public awareness of their situation will be the primary objective of this programme. Activities will focus on improving the quality of care provided by institutions for minors and finding non-institutional, community-based alternatives for children needing special care. The target population is children and youth, aged 6 to 16 years old, who are at risk. The programme will build on the activities already initiated during the previous cooperation period.

Children and the environment

27. UNICEF will cooperate with the National Environmental Commission, a recently created interministerial body chaired by the Minister of National Patrimony, to develop policies and design programmes for the protection of the environment, particularly those aspects that affect children and women directly. Emphasis will be placed on environmental education through formal and non-formal channels.

Advocacy and communications

28. It is the intention of the Government of Chile to increase public awareness of the causes of poverty, and its ensuing social consequences, as a way of fostering solidarity between the various sectors of Chilean society. UNICEF will support the achievement of this objective through cooperation in advocacy and communications activities. The promotion of Facts for Life will be included in these activities.

Area-based programme

29. This programme will be implemented in Araucanía, one of the poorest regions in the country. The principal objective is to increase the capacity of local and regional authorities to develop integrated social programmes that foster community participation and respond to the needs of poor children and women. Innovative strategies will be tested with a view to replicating them in other regions of the country.

Monitoring and evaluation

30. UNICEF will continue to cooperate with the Government in order to improve the mechanisms for monitoring and evaluation, and to make the best use of the results obtained.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Chile (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	27	(1989)	Middle U5MR
Infant mortality rate	20	(1989)	Middle IMR
GNP per capita	$ 1510	(1988)	Lower-middle GNP
Total population	13 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	280	260	289	303
Infant deaths (under 1)	(thousands)	23	9	6	6
Under-five deaths	(thousands)	29	11	8	8
Under-five mortality rate (per 1,000 live births)		105	43	27	27
Infant mortality rate (under 1) (per 1,000 live births)		83	35	22	20

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1986)	Moderate & severe	..	3a/
	Severe	0a/	..
Babies with low birth weight (%, 1979/1986)		13	7
Children completing primary level (% of first grade,1980/1985)		..	33

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1986)		../../..	81*/ 57*/ 20*
Prevalence of wasting (%, 1980/1986)		11	1
Prevalence of stunting (%, 1980/1986)		..	10b/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		108	106
Food production per capita index (Index 1979-1981=100, 1980/1989)		98	111
Household expenditure (% of total income, 1980-1985)	All food/cereals		29/ 7

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			1
Access to health services	Total	..	97
(% of population, 1980/1985)	Urban/rural	../..	../..
Access to safe water	Total	84	94*
(% of population, 1980/1985)	Urban/rural	100/ 17	98*/ 71*
Access to adequate sanitation	Total	86	85
(% of population, 1980/1985)	Urban/rural	100/ 10	100/ 4
Births attended by trained personnel (%, 1979/1986)		90	98
Maternal mortality rate (per 100,000 live births, 1979/1986)		..	47

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	100	92	98	95
	DPT	97	91	96	95
	Polio	96	90	96	95
	Measles	93	92c/	95	91
Pregnant women (%) immunized against	Tetanus	..	..	0	..

/...

TABLE 1 (continued)

Chile

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	112/ ..	100/ 89
(%, 1980/1989)	Male	113/ ..	101/ ..
	Female	111/ ..	99/ ..
Secondary enrolment ratio (gross/net)	Total	53/ ..	75/ 58
(%, 1980/1989)	Male	50/ ..	72/ ..
	Female	57/ ..	78/ ..
Adult literacy rate, 15 years & older	Total	89	92
(%, 1970/1985)	Male/female	90/ 88	93/ 92
Radio/television sets			
(per 1,000 population, 1980/1988)		330/144	338/183

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	9.5	11.1	12.1	13.0	15.3
Population aged 0-15 years	(millions)	..	4.0	4.1	4.2	4.8
Population aged 0-4 years	(millions)	..	1.2	1.4	1.5	1.5
Urban population (% of total)		75	81	84	86	89
Life expectancy at birth	Total	62	69	71	72	73
(years)	Male	59	66	68	68	69
	Female	65	73	75	75	76
Total fertility rate		4.0	2.9	2.8	2.7	2.6
Crude birth rate (per 1,000 population)		30	24	24	24	20
Crude death rate (per 1,000 population)		10	7	6	6	7

		About 1980	Most recent
Contraceptive prevalence rate		43	..
(%, 1978/1987)			
Population annual growth rate	Total	1.8	1.7
(%, 1965-1980/1980-1989)	Urban	2.6	2.3

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	-0.1
(%, 1965-1980/1980-1988)			
Inflation rate (%, 1965-1980/1980-1988)		130	21
Population in absolute poverty	Urban/rural	../..	12*/ 20*
(%, 1977/1987)			
Household income share	Top 20%/bottom 40%	../..	54*/ 13*
(%, 1977/1985)			
Government expenditure	Health/education	7/ 15	4*/ 12*
(% of total expenditure, 1980/1989)	Defence	12	..
Household expenditure	Health/education		5/ 6
(% of total income, 1980-1985)			
Official development assistance:	$US millions	-10	44
(1980/1988)	As % of GNP	0	0
Debt service			
(% of goods & services exports, 1980/1988)		22	15

a/ Aged 0-71 months.

b/ Aged 24-71 months.

c/ Aged 1-5 years.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1989-1990

(In thousands of United States dollars)

COUNTRY: CHILE
LATEST BOARD APPROVAL: 1989
GENERAL RESOURCES: $400,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	13				38		107		158		158
Nutrition							3		3		3
Education							12	51	12	51	63
Community organization and development				7				120		127	127
Children in especially difficult circumstances								20		20	20
Advocacy	6				30		115		151		151
Planning and project support					129	3	135	9	264	12	276
Freight	32								32		32
GRAND TOTAL	51			7	197	3	372	200	620	210	830

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: CHILE Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Community organization and development	GR	327	268	275	230	230	1330
	FSF	155					155
	NSF		280	231	206	143	860
Environment	GR		10	60	50	40	160
Social mobilization and advocacy	GR	127	147	159	166	166	765
Planning and social statistics	GR	116	135	146	194	204	795
	FSF	43					43
Programme support	GR	100	110	110	110	110	540
Integrated area-based programme	GR	80	80				160
	NSF	680	780	530	350		2340
	GR	750	750	750	750	750	3750
	FSF	198					198
	NSF	680	1060	761	556	143	3200
		1628	1810	1511	1306	893	7148

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: CHILE	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	2	478
Local national Professional and General Service established posts	7	586
Operating costs		525
Total	9	1589
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources		
Supplementary funds	1	203
Local national Professional and General Service project posts		
General resources	7	577
Supplementary funds	2	105
Total	10	885

a/ For information source, see 1992 post authorization table, dated January 1991.

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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Honduras

The Executive Director recommends that the Executive Board approve the country programme of Honduras for the period 1991-1995 in the amount of $3,750,000 from general resources, subject to the availability of funds, and $4,500,000 in supplementary funds, subject to the availability of specific-purpose contributions.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

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THE SITUATION OF CHILDREN AND WOMEN

1. Since January 1986, when the first peaceful constitutional change of Government in 50 years occurred, there has been growing political stability in Honduras. Unfortunately, this stability has coincided with the effects of the global economic crisis of the late 1970s and early 1980s, which resulted specifically in a foreign debt burden, a constrained international market and low export prices. The result of those devastating factors has been a period of economic stagnation for the country.

2. The pressure by international banking institutions for Honduras to repay its foreign debts has led to the implementation of severe economic adjustment measures by the Government. Fiscal deficit reduction actions have included decreased public spending, the elimination of subsidies, increased water and energy tariffs and the liberalization and adaptation of prices to actual market values. Between 1984 and 1990, the price of essential products increased dramatically (fuel costs, for example, increased fourfold), while there was devaluation of local currency. Consequently, there was a proportional rise in the cost of living, which resulted in the further deterioration of the situation of the most vulnerable sectors of society, whose minimum wages remained unchanged. There has also been a sharp rise in unemployment. National food security in basic grains (corn, beans and rice) has also been declining so that Honduras, a country which in the 1970s had exported such commodities to the Central American subregion, resorted to a record volume of imports in 1990.

3. Based on the trends of the current situation, therefore, the level of the population's well-being, particularly in the area of health, threatens to deteriorate in the coming years. The infant mortality rate (IMR), for example, is currently estimated to be 66 per 1,000 live births, while the under-five mortality rate (U5MR) is 103 per 1,000 live births, the highest rates in Central America. These high mortality rates are attributed to chronic diarrhoeal-related illnesses (38 per cent), acute respiratory infections (ARI) (18 per cent), perinatal illnesses (19 per cent) and vaccine-preventable diseases (6 per cent). Malnutrition is associated with 60 per cent of all child deaths.

4. The level of protein-energy malnutrition (measured by standard weight for age) for children under five years old is high, with severe and moderate malnutrition affecting 20 per cent of this population. About 17 per cent of children under five years old are affected by iron deficiencies, while 53 per cent consume less than one half of the recommended vitamin A intake.

5. Maternal mortality rates (MMRs) are estimated at 230 per 100,000 live births; and maternal health is affected by malnutrition, especially low levels of iron, iodine and vitamin A. Low birth weight affects 20 per cent of all babies.

6. Acquired immunodeficiency syndrome (AIDS) has reached alarming numbers in Honduras. Since 1984, when only two cases were reported, a total of 932 cases

has now been reported, with 210 in 1990 alone. Honduran cases represent over one half of all those recorded in Central America.

7. Over 40 per cent of the population are illiterate, and only one quarter of all children complete the six years of primary education. Pre-school services reach a mere 11 per cent of the population and are concentrated in urban areas. Only 4 per cent of disabled children receive some type of special education or physical therapy.

8. The lack of potable water and basic sanitation services has a negative effect on mortality, morbidity and malnutrition. The national water authority (Servicio Autonomo Nacional de Acueductos y Alcantarillados (SANAA)) reports that 35 per cent of the population have no access to potable water and 38 per cent do not have adequate human waste disposal systems. The bulk of the population who lack these services live in rural or marginal urban areas.

9. As a result of the economic recession, economic adjustment measures, male unemployment and inflation, large numbers of women and children have entered the formal and non-formal labour markets. In particular, there has been a notable increase in the number of girls in the informal economic sector. Recent urbanization and the impact of economic adjustment measures on the urban economy have caused major disruptions in family life, while there has been a significant increase in the number of street children. To date, social services and programmes for working and street children are insufficient.

10. The effects of environmental degradation are also being felt by the Honduran population at large, specifically the most vulnerable populations. The country's fragile agricultural production system is threatened by accelerated deforestation and erosion, which negatively affect food production and water resources.

11. The regions with the lowest human, economic and production development indices in the country are the Departments of Copán, Ocotepeque, Lempira, Intibucá, Santa Bárbara, La Paz, Valle and Choluteca in western and southern Honduras, as well as the marginal urban areas of Tegucigalpa and San Pedro Sula.

12. In summary, the greatest problems affecting Honduran children and women are: (a) high IMR due to diarrhoea, ARI, perinatal causes and vaccine-preventable diseases; (b) protein energy malnutrition; (c) high MMR; (d) an increasing incidence of AIDS; (e) inadequate potable water and sanitation services; (f) low education levels reflected in high levels of illiteracy, high primary school drop-out rates and insufficient services for pre-schoolers and the disabled; and (g) little protection and services for working children and the growing numbers of street children.

PROGRAMME COOPERATION, 1987-1990

13. UNICEF co-operation for the period 1987-1990 focused on the improvement of child health, with a strong emphasis on child survival. Health-related assistance accounted for about one half of the total Honduran programme budget of UNICEF. Major successes were achieved during this period, highlighted by the following: (a) a 50 per cent reduction of vaccine-preventable diseases, reaching levels close to universal immunization, with no reported poliomyelitis cases in 1990; (b) a resurgence in breast-feeding among mothers that was strongly supported by institutional training and social mobilization efforts, making Honduras a model country in this field; (c) water and sanitation activities, which received an increasing proportion of UNICEF resources, reached 47,000 beneficiaries in the poorest areas, using an effective cost-recovery strategy, while at the same time 400 volunteers were trained in basic health and hygiene; (d) a doubling of the number of pre-school non-formal education centres; and (e) an analysis of children in especially difficult circumstances, the definition of action strategies and the creation of a specific national commission to deal with these children's needs.

14. Key advocacy and social mobilization efforts during this period supported activities to improve the general situation of children, resulting in giving high priority to children in government policies. Major support was also provided to media programming, addressing issues related to women and children. These activities culminated in the approval and ratification of the Convention on the Rights of the Child.

Lessons learned

15. During the past period of cooperation, UNICEF also conducted a number of extensive evaluations in all its areas of assistance. Among the major evaluations were those on oral rehydration therapy (ORT), universal child immunization (UCI) and the water programme.

16. While UNICEF programme evaluations helped to measure the achievements gained in the past cooperation period, they also helped to identify the following constraints within government counterpart agencies: (a) low planning and operational capacity at regional and local levels; (b) high administrative centralization and levels of bureaucracy; (c) low operational capacity in programme implementation by public and private organizations; (d) little intra- and inter-institutional coordination; and (e) insufficient monitoring and evaluation in execution and programming.

17. Very positive aspects, however, were also identified, such as: (a) the strengthening of physical and technical infrastructure for programme development in water, immunization, pre-school and services for the disabled; (b) a strengthening and consolidation of primary health care (PHC) infrastructure and referral services around health centres, satellites around the health centres and outreach activities; (c) the potential of grass-roots organizations, particularly rural women's groups, to achieve community

participation; (d) the positive response by the media in social mobilization; and (e) the effectiveness of the sentinel site methodology as a key element for monitoring and evaluation. These positive aspects demonstrate not only the feasibility of UNICEF approaches, but also create the necessary environment for long-term sustainable development.

RECOMMENDED PROGRAMME COOPERATION, 1991-1995

Recommended general resources: $3,750,000
Supplementary funding: $4,500,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	670	1 850	2 520
Nutrition	870	1 300	2 170
Water supply and sanitation	-	850	850
Education	400	-	400
Children in especially difficult circumstances	250	150	400
Social mobilization and advocacy	825	350	1 175
Programme support	735	-	735
Total	3 750	4 500	8 250

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

18. The main thrust of the country programme for the period 1991-1995 is framed within the subregional initiatives for: (a) integrated PHC; (b) education for development; and (c) children in especially difficult circumstances. A subregional initiative for water, environmental sanitation and hygiene is being presented concurrently to the Board. A wide range of complementary action programmes have now been developed at the national level to respond to Honduras' particular needs and problems and to achieve the country goals based on programme goals and strategies for the 1990s approved by the Executive Board.

19. The goal of the country programme will be to accelerate reductions in infant, child and maternal mortality and morbidity through cooperation in national programmes, and through intensive cooperation in selected geographical areas, with a focus on reaching the most disadvantaged families.

20. The country programme also aims to protect and improve the development and well-being of children and their environment, emphasizing the particular needs of the female child. Within this framework, major emphasis will also be placed on improving the well-being and environment of women through enhanced empowerment of women. These objectives will be achieved through active promotion of the basic services strategy, the major elements of which are reflected below.

21. The proposed overall strategy is based on the development and strengthening of sector efficiency; community participation supported by administrative decentralization; strong advocacy and social mobilization efforts for consolidation; increased partnerships at different levels to promote the welfare of children and women; and technical assistance for compensatory programmes to protect the basic needs of children and women during structural adjustments.

22. Programmes initiated nationally, such as health and basic education, will emphasize strengthening planning and management; the integration of such activities as adult literacy, emphasizing child survival messages; and increased support for communication and mobilization to strengthen beneficiary participation.

23. As a whole, the country programme is a multisectoral package designed to respond to the holistic needs of children. Integral to the programme is a capacity-building component, which is present in every project, in recognition of the principle constraint faced by many of the sector departments through which the service package is delivered. Additionally, the programme includes various activities aimed at improving the child-related information base at the national and subnational levels, among which are the strengthening of a statistical data base at the national level, the development of a monitoring system to measure the impact of the structural adjustment programmes, as well as further fortification of the sentinel site methodology and the acquisition of effective management tools at an operational level for improved planning and execution.

24. In Honduras, the UNICEF goals and strategies for the 1990s have gained wide-spread political recognition and have been incorporated as the guiding principles of this country programme. Honduras was one of the first countries in Latin America to ratify the Convention on the Rights of the Child and has already established a coordinating committee to monitor implementation.

25. The President personally participated in the World Summit for Children and signed the Plan of Action, which was later reaffirmed by the different sector ministries at a subregional post-Summit meeting held at Puntarenas, Costa Rica, in early November 1990.

26. Accordingly, UNICEF co-operation has been requested by the Government in the areas of health, nutrition, water supply and sanitation, education and children in especially difficult circumstances, as detailed below.

Health

27. With the objective of reducing diarrhoea-related deaths by 25 per cent by 1995, strong emphasis will be given to ORT through the distribution of oral rehydration salts, the training of health workers in ORT and the provision of equipment for ORT units in the community. The availability of clean drinking water and hygiene education (as described in paras. 36-38) will further contribute to this objective.

28. To reduce ARI-related deaths by 10 per cent, emphasis will be given to the implementation of treatment standards for hospitals and health centres, the training of health workers in ARI treatment, active mother and family participation in prevention and treatment, the provision of basic drugs for health units and the production of educational materials.

29. While Honduras has already achieved UCI, in order to sustain this achievement, support will be given to the organization and maintenance of the cold chain, immunization campaigns and a wide-ranging social mobilization component, as well as to the continuation of logistics and training for routine vaccination activities. Particular attention will be focused on the southern and eastern regions of the country, which have been identified as low-coverage areas due to cold-chain problems, poor access and low motivation.

30. In the area of maternal and child health, support is anticipated for the establishment of "popular" pharmacies through the provision of drugs and the training of health and community personnel for their management. UNICEF assistance will also be provided to train health workers, volunteers and traditional birth attendants (TBAs) in early risk detection and to equip health centres with basic supplies. These activities will be supplemented with the distribution of iron supplements. Such activities will contribute to the government objectives of eradicating neonatal tetanus and reducing MMR by 25 per cent. In an effort to create awareness and reduce the number of adolescent pregnancies and the growing number of AIDS cases, support activities will include research on sexual knowledge, attitudes and practices, the findings of which will be incorporated into the training of health staff

coming into contact with adolescents and into the preparation of a manual dealing with these issues for secondary schools, as well as pre-testing of the manual in urban and rural areas.

Nutrition

31. UNICEF cooperation will aim to reduce from 1990 levels moderate and severe malnutrition cases by 20 per cent, the prevalence of goitre by 50 per cent and vitamin A deficiencies by 75 per cent, in order to eradicate related blindness. Counterpart agencies include the Ministries of Health and Natural Resources, the Agrarian Reform Institute, non-governmental organizations (NGOs) and rural women's groups.

32. Programme strategies and actions will include intensified promotion of breast-feeding and improved weaning practices, the continuation of training for health workers, TBAs and volunteers and support for the production of educational materials. Growth charts for monitoring and control will be an essential component for nutritional improvement and surveillance.

33. Integrated health and nutrition services for children under five years old will be provided through PHC structures and community nutrition centres and will involve the training of health staff and women from the community, who will be in charge of the centres in their own neighbourhoods. Equipment and educational supplies will be provided for infant and maternal nutrition education activities.

34. The production of basic foods as an element of family food security will be a priority. UNICEF will fund training, technical assistance and the provision of basic inputs (seeds and tools), as well as support the introduction of high nutritional value corn seed.

35. While the fortification of salt and sugar with iodine and vitamin A has been required by law in Honduras for over two decades, there has been no effective system for follow-up and compliance with those laws. UNICEF will, therefore, support the training of health and industry staff on the quality control of salt and fortified sugar. Portable lab kits will be provided to persons in charge of surveillance, while technical assistance will be given under a cost-recovery system for small salt producers in order to improve processing technologies. Public awareness campaigns will be undertaken to encourage the consumption of iodized salt and the production and consumption of common foods rich in vitamin A.

Water, environmental sanitation and hygiene

36. The overall goal of this programme, comprising subregional funding in addition to country programme funds, is to reduce the incidence of water-related diseases, with a special emphasis on the marginal urban area of Tegucigalpa and the Departments of Valle, La Paz, Intibucá and Lempira. Corollary objectives are to reduce the cost of acquiring potable water for household and hygiene use, and to use the water programme as the entry point

for a range of other complementary services for improving environmental sanitation, hygiene and health, in addition to enhancing the role of women in planning and executing these initiatives.

37. Specific service delivery goals are the provision of water supply systems to 30 neighbourhoods in the marginal areas of Tegucigalpa, benefiting an estimated 55,000 people, and in rural areas to initiate water and sanitation services in 5,000 hamlets. At the institutional level, the cost-recovery system managed by the Unidad Ejecutora de Barrios Marginales (Implementing Unit for Squatter Settlements) and the Servicio Antonomo Nacional de Acueductos y Alcantarillados will be further strengthened. Cost recovery for community-level operations and maintenance will be formalized, which will contribute towards sustainability through the self-financing of the Unidad Ejecutora de Barrios Marginales and will permit extension of their services to additional unserved urban areas.

38. UNICEF will support service delivery through technical assistance to the Servicio and water-related NGOs in the planning, design and maintenance of water and sanitation systems in marginal urban areas, the provision of equipment and supplies for system construction, as well as logistical implementation support and institutional training in support of human resources development. Simultaneously, knowledge, attitude and practice (KAP) studies on hygiene will be undertaken, and the findings will be used to develop corresponding educational material, to train institutional and community workers and in community educational activities (including environmental education). UNICEF will also support the Government in strong advocacy efforts with international banking and donor communities to obtain lines of credit to extend service delivery coverage.

Education for development

39. UNICEF cooperation will be provided to increase the efficiency, effectiveness and relevance of the educational system. Education projects will be geared to extending integrated services for pre-school and disabled children, increasing the number of primary school graduates and reducing illiteracy rates, with a particular focus on women.

40. Specific objectives include training 30 per cent of mothers in early childhood stimulation, providing 14 per cent of disabled children with alternate models of formal and non-formal care and reducing the 1990 levels of illiteracy among women by 25 per cent, with a specific focus on priority areas.

41. UNICEF will work with the Ministry of Education and numerous NGOs in both formal and non-formal educational approaches. In early childhood development, UNICEF assistance will include the training technicians on child development, the production of educational materials, the provision of equipment and supplies for service delivery centers, technical assistance and operational research to extend the quality and number of services.

42. In primary education, UNICEF assistance will focus on reducing the drop-out rate, particularly during the first three school grades, by supporting the development of models for transition from pre-school to primary school with technical assistance, specialized educational materials and training technicians on the production and utilization of materials.

43. Technical assistance will be provided to the Ministry of Education in order to strengthen its capacity to introduce environmental education into the formal school curriculum, thus helping to raise children's awareness of the impact of environmental degradation.

44. Adult education and literacy will be supported through the production of educational materials on topics such as health, nutrition, hygiene and food production, which will be provided to organized women's groups. Complementary health, nutrition and basic services activities will be coordinated with sectoral programmes.

Children in especially difficult circumstances

45. Building on the advocacy and institutional strengthening undertaken in the previous period of cooperation, this programme will stress the rehabilitation of children in difficult circumstances through community-based alternatives. Support will be provided for national efforts, led by the Junta Nacional de Bienestar Social (National Commission on Social Well-Being), to reintegrate orphans and abandoned, street and working children into families at the community level.

46. UNICEF assistance will include operational research to diagnose the health, nutritional and educational status of street children and their relationship with their families; technical and logistical support; the provision of equipment and essential drugs for service delivery in the streets; and the development of mobilization and coordination mechanisms with public and private entities.

47. Technical assistance is also planned to organize children in especially difficult circumstances in sports and recreational activities in the community, thereby strengthening the community bond through the establishment of appropriate facilities and the provision of equipment and health education.

48. UNICEF will help support vocational training through scholarships for private sector industries, which will facilitate the children's social development and integration into the labour market.

49. UNICEF will also provide technical assistance for the revision of child-related laws and the development of a monitoring system for the implementation of the Convention on the Rights of the Child.

Monitoring and evaluation

50. Given the positive experiences of the sentinel site methodology in the monitoring and evaluation of health programmes, inclusion of additional indicators in that methodology is anticipated in order to widen its scope.

Advocacy and social mobilization

51. As a support to the entire country programme, one of the principal objectives of social mobilization is to maximize the effectiveness of service delivery. The programme has four major components: training; production; research; and mobilization, all of which are mutually reinforcing.

52. The economic structural adjustment framework of the period 1991-1995 will greatly affect programme development. Therefore, a strong "adjustment with a human face" strategy will be necessary in order to facilitate social compensatory programmes for mobilizing resources towards the poorest groups.

53. UNICEF will provide technical assistance to analyse social spending and to set priorities, such as targeting geographical areas and populations within the context of the Honduran Social Investment Fund. Advocacy will support the conversion of the foreign debt so as to finance development programmes and promote administrative decentralization and community participation.

54. UNICEF will build further on the interest in and commitment towards children generated by Honduras' participation at the World Summit for Children and the subsequent commitments of the Ministers of Health and Education to work for a movement for children.

55. Workshops, seminars and training sessions are planned for national leaders so as to maintain and strengthen awareness of the situation of children and women in order to create a demand for concrete actions in the social, economic, judicial and cultural fields for their improved well-being.

56. Communication and social mobilization activities to raise public awareness will be supported by training communicators, providing equipment and financing site visits for members of the news media. Given the high level of interest in sporting events in Honduras, sports reporters and local media will be included in these activities in order to maximize effective outreach.

57. UNICEF will also provide financial and material assistance for the production of radio, press and television materials based on Facts for Life messages, as well as general public awareness campaigns and events.

Programme support

58. Programmes for the different sectors of assistance will be implemented by public institutions such as the Ministries of Public Health, Education and Natural Resources, and by decentralized and autonomous organizations, NGOs and private entities, thereby promoting intersectoral co-ordination. This,

together with the participation of bilateral co-operation and of other United Nations agencies, will reinforce efforts to give children the highest priority within the policies of the country.

59. UNICEF will be challenged in technically assisting, supervising and implementing such wide-ranging work. The Honduras sub-office, supported by the Guatemala Area Office, has budgeted programme funds to ensure adequate support to programme implementation and administration. This will be achieved through the deployment of project staff in certain sectoral areas and the use of technical consultants on a temporary basis for specific thematic issues.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Honduras (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	103	(1989)	High U5MR
Infant mortality rate	66	(1989)	High IMR
GNP per capita	$ 860	(1988)	Lower-middle GNP
Total population	5 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	131	153	177	191
Infant deaths (under 1)	(thousands)	15	14	13	13
Under-five deaths	(thousands)	24	22	21	20
Under-five mortality rate (per 1,000 live births)		185	141	119	103
Infant mortality rate (under 1) (per 1,000 live births)		117	89	76	66

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	..	21
	Severe	..	4
Babies with low birth weight (%, 1979/1988)		..	20
Children completing primary level (% of first grade, 1980/1986)		27*	43

NUTRITION INDICATORS		About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1987)		48*/ 28*/ 24*	73*/ 55*/..
Prevalence of wasting (%, 1980/1987)		..	2a/
Prevalence of stunting (%, 1980/1987)		..	34a/
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)		96	92
Food production per capita index (Index 1979-1981=100, 1980/1989)		101	89
Household expenditure (% of total income, 1980-1985)	All food/cereals		39/..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			66
Access to health services	Total	..	66
(% of population, 1980/1987)	Urban/rural	../..	80/ 56
Access to safe water	Total	44	63*
(% of population, 1980/1988)	Urban/rural	50/ 40	83*/ 51*
Access to adequate sanitation	Total	36	77*
(% of population, 1980/1988)	Urban/rural	49/ 26	87*/ 69*
Births attended by trained personnel (%, 1980/1983)		..	50
Maternal mortality rate (per 100,000 live births, 1979/1983)		..	50

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	46	65	85	75
	DPT	38	59	74	78
	Polio	37	58	70	83
	Measles	38b/	53	76	86
Pregnant women (%) immunized against	Tetanus	11	25	16	16

TABLE 1 (continued)

Honduras

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	95/ 76	102*/ 83*
(%, 1980/1988)	Male	96/ 76	103*/ 83*
	Female	95/ 75	102*/ 83*
Secondary enrolment ratio (gross/net)	Total	30/ ..	33*/ 19*
(%, 1980/1988)	Male	29/ ..	32*/ 18*
	Female	30/ ..	33*/ 20*
Adult literacy rate, 15 years & older	Total	53	68
(%, 1970/1985)	Male/female	55/ 50	71/ 65
Radio/television sets (per 1,000 population, 1980/1988)		365/64	383/ 68

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	2.6	3.7	4.4	5.0	6.8
Population aged 0-15 years	(millions)	..	1.8	2.1	2.4	3.0
Population aged 0-4 years	(millions)	..	0.7	0.8	0.9	1.0
Urban population (% of total)		29	36	40	43	52
Life expectancy at birth	Total	52	60	63	65	68
(years)	Male	51	58	61	62	66
	Female	54	62	65	67	70
Total fertility rate		7.4	6.4	5.9	5.4	4.1
Crude birth rate (per 1,000 population)		49	43	41	39	32
Crude death rate (per 1,000 population)		15	10	9	8	6

		About 1980	Most recent
Contraceptive prevalence rate (%, 1976/1987)		..	41*
Population annual growth rate	Total	3.2	3.4
(%, 1965-1980/1980-1989)	Urban	5.5	5.4

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate (%, 1965-1980/1980-1988)		1.1	-1.7
Inflation rate (%, 1965-1980/1980-1988)		6	5
Population in absolute poverty (%, 1978/1988)	Urban/rural	14 / 55	../ ..
Household income share (%, 1980/1988)	Top 20%/bottom 40%	59*/ 12*	../ ..
Government expenditure	Health/education	../ ..	10*/ 19*
(% of total expenditure, 1980/1986)	Defence	..	7*
Household expenditure (% of total income, 1980-1985)	Health/education		8/ 5
Official development assistance:	$US millions	103	323
(1980/1988)	As % of GNP	5	8
Debt service (% of goods & services exports, 1980/1988)		10	25

a/ Aged 0-59 months.

b/ Aged 1-5 years.

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1987-1990

(In thousands of United States dollars)

COUNTRY: HONDURAS
LATEST BOARD APPROVAL: 1987
GENERAL RESOURCES: $2,237,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	154	1218	44	218		18	95	1466	293	2920	3213
Water supply and sanitation	104	569		53				436	104	1058	1162
Nutrition		5		28				105		138	138
Education	55		76	4			92		223	4	227
Community organization and development	61	149	77	106			256	352	394	607	1001
Young child development	8		35		24		18		85		85
Women-centred programme		19	4	6				240	4	265	269
Children in especially difficult circumstances							69	20	69	20	89
Advocacy								4		4	4
Planning and project support	50	26	19		224	467	327	472	620	965	1585
Freight	44	22							44	22	66
GRAND TOTAL	476	2008	255	415	248	485	857	3095	1836	6003	7839

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1991-1995

(In thousands of United States dollars)

Country: HONDURAS Period covered: 1991-1995	Funding status	1991	1992	1993	1994	1995	Total
Health	GR	120	145	145	135	125	670
	FSF	158					158
	USF(R)	762	760	800	528	492	3342
	NSF	410	395	395	325	325	1850
Water supply and sanitation	FSF	318					318
	USF(R)	700	700	700	700	700	3500
	NSF	170	170	170	170	170	850
Nutrition	GR	200	200	180	140	150	870
	FSF	33					33
	USF(R)	560	560	630	500	520	2770
	NSF	200	200	300	300	300	1300
Education	GR	100	75	75	75	75	400
	USF(R)	506	708	702	517	489	2922
Children in especially difficult circumstances	GR	50	50	50	50	50	250
	FSF	184					184
	USF(R)	217	242	264	174	174	1071
	NSF	50	25	25	25	25	150
Social mobilization and advocacy	GR	315	130	150	200	200	995
	NSF	100	100	100	25	25	350
Programme support	GR	135	150	150	150	150	735
TOTAL	GR	920	750	750	750	750	3920 a/
	FSF	693					693 b/
	USF(R)	2745	2970	3096	2419	2375	13605
	NSF	930	890	990	845	845	4500
GRAND TOTAL		5288	4610	4836	4014	3970	22718

GR = General resources.
NSF = New supplementary funding.
FSF = Funded supplementary funding.
USF(R) = Unfunded supplementary funding subregional.
a/ Including $170,000 SAFLAC for 1991.
b/ Carry over from 1990.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: HONDURAS	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM 1992-1993 PROPOSED BUDGET:		
International Professional established posts	1	226
Local national Professional and General Service established posts	1	65
Operating costs		a/
Total	2	291
FINANCED FROM PROGRAMME FUNDS: b/		
International Professional project posts		
General resources		
Supplementary funds	2	429
Local national Professional and General Service project posts		
General resources	1	26
Supplementary funds	12	343
Total	15	798

a/ Operating costs of the Tegucigalpa liaison office is a part of the budget of the Guatemala area office.

b/ For information source, see 1992 post authorization table, dated January 1991.

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1991 session

FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION*

Cambodia

The Executive Director recommends that the Executive Board approve the country programme of Cambodia for the period 1992 in the amount of $3,000,000 from general resources, subject to the availability of funds, and $9,000,000 in supplementary funds, subject to the availability of specific-purpose contributions.

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* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1990, will be contained in the "Summary of 1991 recommendations for general resources and supplementary funding programmes" (E/ICEF/1991/P/L.2).

THE SITUATION OF CHILDREN AND WOMEN

1. Life in Cambodia in the past year has been characterized by a sense of hope, as well as anxiety, for 8 million Cambodians both inside and outside the country's borders. During the past few months, discussions towards achieving a comprehensive solution to the country's political problems appear to be moving to a successful conclusion. Current proposals call for a key role for the United Nations in the interim phase, as well as a significant effort by the entire United Nations system to promote rehabilitation and reconstruction. UNICEF has been actively supporting both this effort, including the provision of extensive logistical support to the Secretary-General's missions, and the effort to develop rehabilitation and reconstruction plans in the post-settlement period.

2. Even as a political settlement grows more likely, however, armed conflicts have recently escalated and entire regions have been destabilized. Massive migrations have taken place within the country and living conditions in many areas are appalling. About 110,000 people were displaced as of November 1990. Food and other relief aid are slow to reach the people because of security factors, bureaucratic bottlenecks and the lack of a coordinating mechanism.

3. The Phnom Penh authorities have shown a strong commitment to the social sector. However, they are now confronted with enormous problems of security and survival, and some social services that used to be provided free are now only available to those willing to pay. Moreover, economic and technical assistance from traditional donors has been greatly reduced and, in some cases, entirely withdrawn, causing a severe economic crisis among the most vulnerable segments of the population.

4. In 1990, the most savage dengue haemorrhagic fever epidemic in the last 40 years reached crisis levels at Phnom Penh. The epidemic attained high endemicity at Phnom Penh because of the progressive deterioration caused by overcrowding, with an average of 900 children per month hospitalized at the National Paediatric Hospital during the peak period between June and September. UNICEF supported prevention activities through the provision of blood bags, and participated in epidemiological investigations. An ad hoc group of decision makers has been convened by UNICEF to develop community-based environmental protection in urban areas where the disease has been most prevalent.

5. Finally, lower-than-average rainfall in 1990 threatens the agricultural output of a number of food-growing provinces (Kampong Speu, Kampot, Takeo, Prey Veng and Svay Rieng). Free fertilizer, which used to be provided by bilateral donor countries, is no longer available, and the rice yield for 1991 is jeopardized.

6. The situation of children and women remains unchanged. The infant mortality rate is estimated at 127 per 1,000 live births and the under-five mortality rate at 200 per 1,000 live births. Causes of early infant deaths

are neonatal tetanus, measles, diarrhoea and acute respiratory infections (ARI). Child morbidity is caused by diarrhoeal diseases, protein-calorie malnutrition, ARI, dengue haemorrhagic fever and malaria.

7. The maternal mortality rate remains one of the highest in the world, estimated at 900 per 100,000 live births. The leading causes of maternal mortality are believed to be complications stemming from abortion. Because of war and the consequent change in the demographic structure, 64 per cent of the adult population are women and 35 per cent of households are headed by widows. Over 60 per cent of farmers are women. Undernutrition is common owing to poor dietary practices.

8. One of the country's most serious problems is that only about 13 per cent of the total population have access to safe water (about 21 per cent in urban areas and 12 per cent in rural areas). Only a few major cities have drinking water systems with treated surface water, and distribution networks are few, old and in disrepair, heightening the risk of contamination. Inhabitants of rural areas obtain most of their drinking water from rivers, lakes and ponds, supplemented by water from mostly unprotected wells and rainwater collected off the roofs. Urban sanitation and street drainage is very poor; slightly more than half of the population has access to latrines. Diarrhoeal diseases caused by unsafe water and poor hygiene continue to be linked to 40 per cent of deaths in children under five years of age.

9. The system of compulsory general education up to grade five has resulted in a high enrolment rate, which is, however, eventually negated by high repeater and drop-out rates, especially among girls. Curriculum content is poor, facilities are inadequate and there are very few teaching aids. Although many teachers were trained in crash courses between 1979 and 1983 to make up for the loss of teachers, the country still suffers from a shortage of qualified teachers. Training is poor, with little reference to educational advances made in the past 15 years in the outside world.

10. Amidst this very fragile social structure, the present generation of children is already at extremely high risk of physical, mental and social deprivation owing to the conditions of abject poverty, the breakdown of the traditional extended family and the lack of knowledge and experience in basic health, hygiene and child care. The risk is further heightened by the exposure of children to the physical and psychological dangers of the armed conflict that continues in some regions.

PROGRAMME COOPERATION, 1990-1991

11. UNICEF assistance in 1990 continued to promote greater convergence of basic services in the 11 most populous provinces in the centre and south, around Phnom Penh, where 75 per cent of the population lives. However, programme implementation and performance were affected by deteriorating security, financial difficulties, the ensuing shift from social priorities to security concerns, the diversion of limited resources to defence and the consequent inability of the governing machinery to sustain activities.

Expanded programme on immunization

12. The programme has grown rapidly since its inception in 1986, operating now in all 21 provinces of the country, with security constraints restricting activities to about 1,000 out of 1,500 subdistricts. At the present time, owing to the concentration of population in 11 provinces, over 70 per cent of children under one year of age are permanently served by the expanded programme on immunization (EPI). In 14 provinces, reported EPI coverage was approximately 60 per cent for all antigens in 1989. In the remaining seven provinces where services are delivered through campaigns, coverage was estimated at 40 per cent. A survey in the capital and a neighbouring province showed that the level of knowledge and skills of health personnel was satisfactory, but that the logistics and distribution systems needed to be reorganized and improved.

13. To prevent injection-site abcesses and serum-transmissible viruses such as Hepatitis B and acquired immunodeficiency syndrome (AIDS), large volumes of sterilization equipment have been procured and EPI workers have been trained to ensure the proper hygienic administration of vaccines.

14. Since EPI is the only programme with community outreach and national coverage, programmes for the control of diarrhoeal diseases (CDD) and ARI are being integrated into the existing EPI infrastructure.

Maternal and child health

15. In 1990, UNICEF assisted the national maternal and child health (MCH) service in the pre-implementation phase. UNICEF supported the production of a manual for the management of obstetric problems, maternal health cards to monitor the course of a pregnancy, posters for maternal education and a manual for traditional birth attendants (TBAs). State midwives of eight provinces were upgraded to become trainers of commune-level midwives and TBAs. In eight provinces, 15 districts have already completed training at the village level.

16. Rehydration, immunization, nutrition and education (RINE) centres have become integrated centres of MCH care, where pre-natal and post-natal services are delivered and promoted. As MCH activities continued, implementors found that mothers requested information and services on birth spacing, as a priority need. In response, health authorities recently requested UNICEF assistance for a study on how to develop a birth-spacing policy.

17. A major strategy of the women in development programme has been to utilize the strong mobilization capacity of the Cambodian Women's Association as part of their programme mobilization. Child health activities formerly concentrated in provincial RINE centres were implemented at the village level to improve coverage. Through the essential drugs programme, drugs and equipment for 112 district health centres and 1,010 commune infirmaries have been directed to rural areas.

Communicable disease control

18. UNICEF continues to support the malaria control programme through the training of personnel and the provision of laboratory supplies, drugs and expertise. As a result of poor environmental and hygienic conditions, diseases such as tuberculosis and dengue haemorrhagic fever also continue to be major health threats, especially for children. Apart from providing acutely needed materials for curative treatment, UNICEF, together with non-governmental organizations (NGOs), is discussing long-term preventive strategies against dengue fever with the authorities.

Essential drugs

19. In 1990, UNICEF continued to supply basic drugs such as aspirin, deworming medicine, iron and vitamin A supplements, and over 1,000 subdistrict infirmaries and 112 district health centres received essential drug kits. Oral rehydration salts (ORS) were delivered to all provinces for distribution through hospitals and health centres, covering about 60 per cent of total needs.

Health planning and management

20. UNICEF support to health planning and management has increased in line with the UNICEF strategy to support capacity-building and sustainability. Personnel training and the improvement of management and supervision systems are incorporated into all components of the health programme.

Nutrition

21. The family food production project is rapidly gaining momentum. In 1990, over 4,300 families joined the programme, increasing the coverage to 11,000 families in 242 villages in 10 provinces, 108 schools and teacher-training colleges, 34 RINE centres in 12 provinces and in the Central College for Health Workers at Phnom Penh.

22. Families continue to receive basic agricultural inputs in the form of vegetable and fruit seeds and seedlings, agricultural tools, poultry, pigs, etc. The rural water supply component project provided water for crop irrigation and household use. In 1990, almost 1,000 family, communal and school ponds were dug, 3,000 water jars were distributed and 162 hand-dug wells were fitted with cement rings.

23. Efforts have been made to improve the technical level of the project. Two mobile teams from the Ministry of Agriculture provide extension services to provinces on a monthly basis. Monitoring forms have been designed and are completed for every visit. Training, both local and international, is an integral part of the project and, in 1990, family food production extension seminars were organized jointly by UNICEF and the Australian Catholic Relief in three provinces and will be expanded to other provinces in 1991. Agricultural personnel have attended courses and participated in study tours to the Lao People's Democratic Republic, the Philippines and Thailand.

Rural water supply and sanitation

24. Following an initial rehabilitation phase, attention was turned to providing drinking water supplies for the rural population and improving sanitation. In villages with at least 160 to 200 inhabitants, wells were dug or rehabilitated and equipped with hand-pumps. Safe, year-round, country-wide drinking water supply coverage has increased in Cambodia from about 3 to 13 per cent, with coverage varying from province to province. The project continues to focus on rural communities in six provinces and the municipality of Phnom Penh, covering about 47 per cent of the total population. From 1988 to 1990, more than 2,300 hand-pumps were installed in newly drilled boreholes or rehabilitated manually dug wells. Caretakers of the tube-wells were trained in maintenance and simple repair.

25. In 1989, a local adaptation of the Bangladesh No. 6 suction pump was produced at Phnom Penh and current production capacity is 300 to 400 pumps per year. First steps were taken to develop a new type of pump in 1990 to replace the expensive India Mark II hand-pump and a Phnom Penh factory is expected to start production in early 1991. About 100 boreholes were drilled in 1990 with a cost-effective upgraded manual drilling rig (about $5,000 to $6,000 per rig), around Phnom Penh and in selected provinces with limited accessibility.

26. Training activities focused on increasing the capacity of technical personnel. Training in drilling techniques and well construction, as well as maintenance and repair, was given to technicians at provincial and central levels. Planning and monitoring at central and provincial levels were improved by actively involving national personnel in the preparation of annual plans of action.

27. Latrine construction has been part of the programme on a pilot basis since 1985, and some 1,100 latrines have been constructed and installed in provinces. The coverage of sanitary facilities for excreta disposal in rural areas has not improved significantly. Tradition and a lack of understanding about the link between health and hygiene hamper progress, and hygiene and health education have so far had limited impact. Efforts have been made to involve women in the programme through the participation of community-based members of the Women's Association in hygiene education and by encouraging women to become pump caretakers. Difficulties such as the security situation and the suspension of fuel supplies slowed the implementation rate of the otherwise successful water programme in 1990.

Primary education

28. As a follow-up to the World Conference on Education for All, UNICEF provided a resource person at training and orientation sessions for policy makers and professionals in education. A document was also produced and translated into Khmer. In 1990, NGOs such as Redd Barna (Save the Children (Norway)) and Save the Children (Australia) increased their participation in education jointly with UNICEF.

29. Over the years, UNICEF, as one of the few agencies involved in education, has assisted the rehabilitation of schools and teacher-training institutes and the production of teaching materials, including textbooks. As a result, the present production capacity of 500,000 textbooks per year will be fully utilized in 1990, although it is still far below the minimum annual requirement of 2 million textbooks. In 1990, possibilities for reproducing and distributing reading materials at the provincial level were studied and the resulting recommendations will be implemented in 1991.

30. A review of primary education curricula revealed serious shortcomings in subjects such as health, nutrition, education and sciences. In general, the review indicated inadequate teaching methodologies and limited pedagogical knowledge and skills among teachers. A major effort to improve the quality of teaching was initiated in 1990, and seminars and workshops, providing external expertise, are being organized with UNICEF as a facilitator.

Women in development

31. Assistance to women in development, through the Cambodian Women's Association, continued to be a major UNICEF focus. Emphasis has been placed on income generation, the major concern of disadvantaged women and families, and child-care and functional literacy components have been added. The most important development regarding assistance to the women's project, however, is in management and supervision. The Central Committee of the Women's Association reorganized personnel to better supervise and monitor projects of women's associations at the provincial level. Efforts were made to promote and facilitate coordination between the Women's Association and the Ministries of Health and Agriculture.

RECOMMENDED PROGRAMME COOPERATION, 1992

Recommended general resources: $3,000,000
Supplementary funds: $9,000,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	General resources	Supplementary funds b/	Total
Health	300	3 500	3 800
Water supply and sanitation	-	2 400	2 400
Nutrition	60	180	240
Household food security	180	600	780
Education	300	1 350	1 650
Women-centred programme	120	440	560
Children in especially difficult circumstances	84	180	264
Advocacy	60	150	210
Planning and social statistics	-	200	200
Programme support	1 680	-	1 680
Unallocated	216	-	216
Total	3 000	9 000	12 000

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In additi ı, there are also funded supplementary funding projects shown in table 3.

Strategy of UNICEF cooperation

32. The objectives of the current programme continue to be the reduction of maternal, infant and child mortality rates, the protection and improvement of the well-being of children and women through sustainable development actions and appropriate child spacing to protect the health of the mother and child. In pursuit of these objectives, emphasis will be given to disparity reduction, capacity-building, community participation, communication and social mobilization, empowerment of women, convergence of services, monitoring and evaluation and joint programming with NGOs.

Health

Integrated primary health care

33. In order to increase access, utilization and quality of health care, a sustainable primary health care (PHC) approach will be developed and implemented in selected provinces. Area-based programmes will be designed to include community participation through an integrated framework involving projects such as water supply, women in development and family food production.

34. Workshops and in-service training sessions on PHC principles and approaches will be organized for central, provincial and district officials with appropriate technical assistance. These activities will be supported by appropriate communications and social mobilization interventions. Elements of the area-based programme are: (a) upgrading the infrastructure for basic health services, which will include the renovation of buildings and the provision of water supply and latrines; (b) the provision of furnishings, equipment and supplies; (c) the provision of bicycles, motorcycles and vehicles; and (d) the provision of basic storage, maintenance and repair facilities for health equipment and instruments. Health workers at district and commune levels will be retrained on the organization and delivery of basic services, with particular attention to coordinating MCH components and integrating preventive and curative aspects, including health education for mothers and families. Special attention will be given to the training and development of supervisors at provincial and district levels. Staff will also be trained at the provincial, district and commune levels to implement the health information system and to conduct knowledge, attitude and practice studies and other surveys.

Expanded programme on immunization/child health

35. The specific activities envisaged are: (a) the training of health workers in the most populous provinces in the centre and south around Phnom Penh for the delivery of an integrated package of child health services, including EPI, CDD, ARI, malaria and dengue fever; (b) orientation and refresher training on EPI for health workers in the provinces where UNICEF cooperation is concentrated; (c) establishment of an effective and comprehensive network of EPI cold-chain facilities throughout the country, where possible; (d) provision of ORS packets and promotion of home-based oral rehydration therapy; (e) development of guidelines for the case management of ARI and the training of health workers in their use at the periphery and first referral level; (f) promotion and development of appropriate control strategies and case management for malaria and dengue fever; (g) development of the health education component as an integral part of a comprehensive package of child health services; and (h) provision of appropriate supplies and equipment, including vaccines and vaccination equipment, drugs and appropriate material in support of comprehensive child health services.

36. Preparations are under way for an immunization coverage evaluation survey. A 1991 EPI and CDD national training plan is being worked out in collaboration with the World Health Organization. Refrigerators powered by solar energy will be installed at four sites. The distribution system is being streamlined. Disease surveillance and a regular reporting system from the field to the central level will be further improved.

Maternal health

37. To date, the health infrastructure has been too weak to provide a comprehensive maternal health programme. In view of the situation, UNICEF will support the training of secondary midwives at the central training school in Phnom Penh. Supervision of maternal health services at district, subdistrict and commune levels will be supported by helping to establish a system in which two senior midwives will coordinate district-level maternal services and will be responsible for monitoring the activities of all primary midwives. Midwives will be equipped with MCH kits for use in infirmaries. An illustrated manual for TBAs will be developed, tested and distributed to all TBAs upon completion of training. Village activists, women's group leaders and Women's Association personnel will be provided with health education messages to promote pre-natal visits, tetanus toxoid immunization and good nutrition during pregnancy and lactation.

Essential drugs

38. Drug management systems, particularly those supporting MCH, are inadequate, with no therapeutic guidelines, drug protocols or drug information, particularly at the peripheral level. The various pharmacology curricula for training doctors, medical assistants, nurses and midwives require revision and updating to provide for professional prescription and the use of drugs. Managers will be trained at central, provincial, district and commune levels on management and logistics, including drug procurement, storage, inventory control, distribution and utilization/needs planning. Guidelines and protocols will be developed on the standard utilization of essential drugs at commune infirmaries, district health centres and provincial and central hospitals.

Nutrition

Community-based nutrition

39. Since nutrition activities tend to be health-centre based and not always relevant at the village level, this project will address issues of accessibility, availability, outreach, participation and social mobilization at the community level. Activities will include growth monitoring, health and nutrition education and the provision of basic health services. In each village, selected according to established project criteria, a meeting will be organized to raise the awareness of villagers about nutrition issues, explain the programme, form a village committee, select project volunteers and plan for their training. The nutrition surveillance system will be expanded and

improved and linked to the agriculture early warning system used to identify emergency situations. Ten provinces will be covered by the project, which will be assisted by MCH services at the central level.

Family food production

40. The project aims at achieving household food security to improve the nutritional status of children and women in an additional 7,000 families. The introduction of appropriate technologies related to earlier improved palm sugar processing will be further pursued. Sustainability will be enhanced by establishing agricultural nurseries in every province/district covered by the project. Training in both technical activities and project management will continue to be a priority activity. Replicability will be achieved through the operation of revolving loan funds among other things. Support will be given to local industries for the production of agricultural implements and water jars. Data from the community-based nutrition project will be used to monitor and evaluate the family food production project, as well as to develop new strategies and approaches for the project in the 1990s.

Water supply and sanitation

41. The water supply, sanitation and hygiene programme for rural areas will be gradually expanded to the 11 provinces in which UNICEF cooperation is concentrated. Long-term planning will specify annual targets within the framework of water decade goals and take into account the results of the country-wide water supply and sanitation coverage survey to be done in 1991. Some 1,500 new wells will be drilled using upgraded manual drilling techniques. Hand-dug wells will be improved through the installation of plants to remove iron from the water and other appropriate technologies in problem areas. The project will benefit some 375,000 people. About 5,000 family latrines will be installed in selected areas with a design adapted to local conditions. To increase latrine slab production, one production centre will be established or expanded in each province concerned and concrete slabs will be distributed to the community free of charge. Community participation and responsibility are seen as key ingredients for programme success and sustainability. Village water committees will continue to be created in selected districts. Efforts will be made to involve women in all aspects through training and information activities.

42. Government and provincial management staff responsible for programme preparation, implementation and monitoring will be retrained systematically in project management, logistics, monitoring and evaluation. Workshops on appropriate technology for water supply and sanitation in rural areas will be organized using short-term technical assistance. Study tours and in-country experience exchange visits for programme planners and managers from central and provincial levels will be supported.

43. UNICEF will continue to support the provision of adequate supplies of safe water, sanitary and drainage facilities to priority public institutions in rural areas. Around 400 tube-wells, 20 rehabilitated wells and 30

rainwater tanks will be set up and 500 latrines will be constructed. Health education will be emphasized.

Education

44. The immediate priority in the education programme is the establishment of an overall programme management team and the strengthening of planning and management. This will include a review of educational objectives for the country and careful preparation of the priorities and sequence of project activities. There will be continuous monitoring and assessment of the learning situation in primary schools and complementary education centres.

45. Health and nutrition education will be included in the school curriculum whenever possible. A health and nutrition team will be appointed from the health, education and women's sectors to carry out project activities. Other activities include liaison with government officials involved in family food production, community nutrition and the hygiene and sanitation programmes. Teachers will be trained and encouraged to assist in these community projects. Educational programmes using radio and other media will be prepared.

46. In the training of teachers, the focus will be on helping them to achieve greater efficiency, resulting in improved achievement among children. Teachers will have to master the primary school curriculum and be able to use effective teaching and learning methods. To help achieve the objective, facilities in teacher-training institutes will be improved. The education programme will also support the provision of textbooks, teaching aids and learning materials. The upgrading of the learning environment will be supported as well, with physical facilities in primary schools improved to the extent possible.

47. With the cooperation of village and local authorities and religious leaders, efforts will be made to help ensure that young adults, especially women, who did not complete a primary school course, benefit from an improved basic education system. Among the most deprived are members of minority groups, especially in remote areas.

Women in development

48. The Women's Association will play a major role in enhancing functional literacy through the production of materials on children's and women's concerns for neo-literates. Functional literacy groups will be reorganized to improve programme quality and to reach the target population better. The programme will expand qualitatively instead of quantitatively through a pilot programme in provinces where the Women's Association has the greatest potential. Functional literacy will be a component of income-generating activities, and community child care will be expanded. UNICEF will strengthen its cooperation with NGOs serving women and children to maximize service coordination and integration.

Programme communications

49. Activities will include the production of communication materials to support child survival and development messages using Facts for Life material. Training will be provided to extension workers to enable them to develop their communication skills. As in the past year, the Women's Association will be assisted to support CDD, MCH and literacy activities effectively. The production capacity of radio to support health and educational programmes will be strengthened and upgraded.

Children in especially difficult circumstances

50. Programmes will be developed based on the needs assessment survey of children in especially difficult circumstances to be conducted in 1991. Services to these children will be aimed at (a) improving their physical growth and development; (b) guaranteeing their access to education; (c) meeting their special educational needs; and (d) creating social services to improve the home and family environment.

Monitoring and evaluation

51. The mechanisms for monitoring and evaluation used in the past, including periodic meetings with sectoral counterparts, joint assessment reviews and field visits, will be used as and when security conditions allow. A monitoring and evaluation officer will be recruited to improve follow up to UNICEF-supported activities.

Cooperation with other organizations

52. UNICEF, continuing to play the lead agency role among the organizations of the United Nations system, collaborated with the United Nations Development Programme (UNDP) on various fact-finding missions and with the Office of the United Nations High Commissioner for Refugees (UNHCR) in a repatriation plan for Cambodians along the border. UNICEF provided logistic, administrative and informational support to missions of the office of the Special Representative of the Secretary-General.

53. The number of humanitarian agencies operating in Cambodia reached 54 in December 1990; NGOs are coordinated by the Cambodian Consultative Committee. Several donor missions and delegations, including the Australian International Development Aid Bureau, the Swedish International Development Authority and the United Kingdom of Great Britain and Northern Ireland, for example, have visited Cambodia. UNICEF cooperated in briefing several hundred visitors, including politicians, diplomats, government officials, heads and senior members of humanitarian agencies, journalists, researchers and consultants, who have visited Cambodia in the past year.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Cambodia (1989 and earlier years)

UNICEF country classification

Under-five mortality rate	200	(1989)	Very high U5MR
Infant mortality rate	127	(1989)	Very high IMR
GNP per capita	..	(1988)	Lower-middle GNP
Total population	8 million	(1989)	

KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT		1970	1980	1985	1989
Births	(thousands)	284	224	325	321
Infant deaths (under 1)	(thousands)	44	48	47	41
Under-five deaths	(thousands)	69	74	73	64
Under-five mortality rate (per 1,000 live births)		244	330	226	200
Infant mortality rate (under 1) (per 1,000 live births)		156	212	145	127

		About 1980	Most recent
Underweight children (under 5) (% weight for age, 1980/1987)	Moderate & severe	32*	20*
	Severe	5*	3*
Babies with low birth weight (%, 1979/1987)		..	..
Children completing primary level (% of first grade, 1980/1986)		..	50*

NUTRITION INDICATORS	About 1980	Most recent
Mothers breast-feeding at 3/6/12 months (%, 1980/1987S)	../../..	100*/ 93*/ 72*
Prevalence of wasting (%, 1980/1985)	..	..
Prevalence of stunting (%, 1980/1985)	..	..
Daily per capita calorie supply (% of requirements, 1979-1981/1984-1986)	84	98
Food production per capita index (Index 1979-1981=100, 1980/1989)	114	145
Household expenditure All food/cereals (% of total income, 1980-1985)		../..

HEALTH INDICATORS		About 1980	Most recent
ORT use rate (%, 1987-1988)			6
Access to health services	Total	..	53
(% of population, 1980/1985)	Urban/rural	../..	80/ 50
Access to safe water	Total	..	3*
(% of population, 1980/1985)	Urban/rural	../..	10*/ 2*
Access to adequate sanitation	Total	..	..
(% of population, 1980/1984)	Urban/rural	../..	../ ..
Births attended by trained personnel (%, 1980/1987)		..	47*
Maternal mortality rate (per 100,000 live births, 1979/1987)		..	..

Immunization		1981	1985	1988	1989
One-year-olds (%) immunized against:	Tuberculosis	..	57	58	42
	DPT	..	23	45	22
	Polio	..	26	45	22
	Measles	..	29	38	20
Pregnant women (%) immunized against	Tetanus	..	21	3	22

TABLE 1 (continued)

Cambodia

EDUCATION INDICATORS		About 1980	Most recent
Primary enrolment ratio (gross/net)	Total	../ ..	83*/ ..
(%, 1980/1989)	Male	../ ..	.. / ..
	Female	../ ..	.. / ..
Secondary enrolment ratio (gross/net)	Total	../ ..	37*/ ..
(%, 1980/1989)	Male	../ ..	.. / ..
	Female	../ ..	.. / ..
Adult literacy rate, 15 years & older	Total	11	29
(%, 1970/1985)	Male/female	../ 23	41 / 17
Radio/television sets			
(per 1,000 population, 1980/1988)		../7	107/8

DEMOGRAPHIC INDICATORS		1970	1980	1985	1989	2000**
Total population	(millions)	6.9	6.4	7.3	8.1	10.0
Population aged 0-15 years	(millions)	..	2.3	2.6	2.9	4.1
Population aged 0-4 years	(millions)	..	0.4	1.3	1.4	1.3
Urban population (% of total)		12	10	11	11	15
Life expectancy at birth	Total	43	37	46	50	55
(years)	Male	42	36	45	49	53
	Female	44	39	47	51	56
Total fertility rate		5.9	4.6	4.9	4.6	3.9
Crude birth rate (per 1,000 population)		42	38	43	40	28
Crude death rate (per 1,000 population)		21	30	18	16	12

		About 1980	Most recent
Contraceptive prevalence rate		..	..
(%, 1976/1987)			
Population annual growth rate	Total	0.3	2.6
(%, 1965-1980/1980-1989)	Urban	1.9	3.8

ECONOMIC INDICATORS		About 1980	Most recent
GNP per capita annual growth rate		..	..
(%, 1965-1980/1980-1988)			
Inflation rate (%, 1965-1980/1980-1988)		..	..
Population in absolute poverty	Urban/rural	../..	../ ..
(%, 1977/1988)			
Household income share	Top 20%/bottom 40%	../..	../ ..
(%, 1977/1988)			
Government expenditure	Health/education	../ ..	../ ..
(% of total expenditure, 1980/1988)	Defence	..	..
Household expenditure	Health/education		../..
(% of total income, 1980-1985)			
Official development assistance:	$US millions	281	18
(1980/1988)	As % of GNP	..	..
Debt service			
(% of goods & services exports, 1980/1988)		..	..

Definitions, sources and symbols are described in the section preceding these data sheets.

* UNICEF field office source.

** United Nations Population Division projections based on past and current trends.

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TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1990

(In thousands of United States dollars)

COUNTRY: CAMBODIA
LATEST BOARD APPROVAL: 1990
GENERAL RESOURCES: $2,500,000

	Supplies and equipment (incl. freight)		Training grants		Project staff		Other cash		Totals		
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Total
Health	502	826	33	70	139		48	38	722	934	1655
Water supply and sanitation	126	818		1	65	129	2	5	194	952	1146
Nutrition	3	50		41			45	105	48	195	243
Education	343	235					17	59	360	294	654
Women-centred programme	54	18		11			7	91	61	120	182
Advocacy	3								3		3
Planning and project	53				514	6	244		811	6	817
GRAND TOTAL	1084	1947	33	122	718	135	364	297	2198	2502	4700

GR = General resources.
FSF = Funded supplementary funding.

/...

TABLE 3. PLANNED EXPENDITURE, 1992

(In thousands of United States dollars)

Country: CAMBODIA Period covered: 1992	Funding status	1992					Total
Health and childhood disability	GR	300					300
	NSF	3500					3500
Water supply and sanitation	NSF	2400					2400
Nutrition	GR	60					60
	NSF	180					180
Household food security	GR	180					180
	NSF	600					600
Education	GR	300					300
	NSF	1350					1350
Women-centered programme	GR	120					120
	NSF	440					440
Children in especially difficult circumstances	GR	84					84
	NSF	180					
Advocacy	GR	60					60
	NSF	150					150
Planning and social statistics	NSF	200					200
Programme support	GR	1680					1680
Unallocated funds	GR	216					216
TOTAL	GR	3000					3000
	NSF	9000					9000
GRAND TOTAL		12000					12000

GR = General resources.
NSF = New supplementary funding.

TABLE 4. STAFFING FROM BUDGET AND PROGRAMME FUNDS

COUNTRY: CAMBODIA	Number of posts	Amount (thousands of United States dollars)
FINANCED FROM PROGRAMME FUNDS: a/		
International Professional project posts		
General resources	15	1585
Supplementary funds	4	407
International General Service project posts		
General resources	7	268
Supplementary funds	2	74
Total	28	2334

a/ For information source, see 1992 post authorization table, dated January 1991.